

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date: 03/01/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: 1654

CD-ROM or CD-R?:: None

Title:: Products Containing Polyphenol(s) and L-Arginine  
and Methods of Use Thereof

Attorney Docket Number:: 1010/102US4

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kati A.

Family Name:: CHEVAUX

City of Residence:: Mount Arlington

Name Suffix::

State of Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 5 Sycamore Way

City of mailing address:: Mount Arlington  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07856  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Harold H.  
Family Name:: Schmitz  
City of Residence:: Bethesda  
State of Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 6109 Rudyard Drive  
City of mailing address:: Bethesda  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20814  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Leo J.  
Family Name:: Romanczyk  
City of Residence:: Hackettstown  
State of Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 4 Fern Drive  
City of mailing address:: Hackettstown  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07840

**Correspondence Address**

Correspondence Customer Number:: 32260

**Representative Information**

Representative Customer Number:	32260
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	10/176,126	06/19/02
10/176,126	Continuation of	09/284,783	03/12/99
09/284,783	National Phase of	PCT/US99/05545	03/12/99
PCT/US99/05545	Claims priority of	09/041,327	03/12/98

**Assignee Information**

Assignee Name:: Mars, Incorporated

Street of mailing address:: 6885 Elm Street

City of mailing address:: McLean

State or Province of mailing address:: Virginia

Country of mailing address:: US

Postal or Zip Code of mailing address:: 22101